

DSE Workstation Assessment

A workstation assessment with equipment, posture and work-pattern checks, user concerns, assessor review, adjustments and follow-up evidence.

1. Record details and scope

Project

Filled in from the project in SiteSurvey.

Site or premises address

Client or organisation

Record date *

Person completing the record *

This records workplace assessment and adjustments, not a medical diagnosis. Record practical needs without unnecessary medical details.

HSE describes DSE users as workers who use display screen equipment daily for continuous periods of an hour or more. The regulations can apply to home and hybrid working. Software or a self-assessment alone is not the completed assessment: HSE says a trained assessor should review results and resolve doubtful points.

2. User and work

User name or staff reference *

Work setting * (choose one)

☐ Office ☐ Home ☐ Hybrid ☐ Other

Tasks, duration and breaks or changes of activity *

User concerns and practical adjustment needs

Record the user's experience and the task or period associated with it. Avoid diagnosing a condition from a workstation observation.

Trained assessor reviewing the record *

3. Workstation checks

Display position and readability suitable * (choose one)

☐ Acceptable ☐ Action needed ☐ Not checked ☐ Not applicable

Action, limitation or reason not applicable * (if applicable)

Keyboard, pointing device and work surface suitable * (choose one)

☐ Acceptable ☐ Action needed ☐ Not checked ☐ Not applicable

Action, limitation or reason not applicable * (if applicable)

Chair and seating adjustments suitable * (choose one)

☐ Acceptable ☐ Action needed ☐ Not checked ☐ Not applicable

Action, limitation or reason not applicable * (if applicable)

Space, lighting and glare addressed * (choose one)

☐ Acceptable ☐ Action needed ☐ Not checked ☐ Not applicable

Action, limitation or reason not applicable * (if applicable)

Working posture, breaks and task variation considered * (choose one)

☐ Acceptable ☐ Action needed ☐ Not checked ☐ Not applicable

Action, limitation or reason not applicable * (if applicable)

Workstation photos without unnecessary personal information (photos: attach, or note the file names)

4. Assessor review

Assessor findings and points clarified *

Adjustments agreed with the user

Follow-up date

Follow-up findings: have the changes resolved the problems?

5. Actions and review

Are further actions required? * (choose one)

☐ Yes ☐ No

Further action (copy this block for each one; if applicable)

Action and evidence reference *

Person responsible *

Target date

Action status * (choose one)

☐ Open ☐ In progress ☐ Completed

Completion evidence * (if applicable)

Outstanding limitations and information to pass on

Record status * (choose one)

☐ Ready for review ☐ Further work needed ☐ Work or use stopped

Reviewed by

Review date

Author signature *

Signing records the information entered. It does not itself certify legal compliance, remove a limitation or authorise unsafe work.